SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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British Medical Association.

CURRENT NOTES.

Conference of the Voluntary Hospitals' Staffs in the Midland Area.

A CONFERENCE of the members of the medical staffs of voluntary hospitals in the area of the Midland Branch was held at Nottingham on September 23rd, when the following resolutions, proposed by Sir Richard Luce of Derby, and seconded by Dr. Astley Clarke of Leicester, were unanimously approved:

1. That this conference approves of the principles defined by the British Medical Association relative to the recognition by a monetary payment made to a medical staff fund for medical services rendered to State or municipal patients received for treatment at the voluntary hospitals.
2. That this conference is of opinion that the minimum scale of remuneration proposed by the Hospitals Committee of the British Medical Association, and agreed to by the Annual Representative Meeting, should be adopted by all voluntary hospitals in the Branch area—namely, that it should represent an addition of not less than 25 per cent. to the cost of maintenance of in-patients, and not less than 25 per cent. of the ascertained cost per patient per attendance for out-patients, the additional sum to be placed at the disposal of the medical staff; that in the case of special clinics (for example, aural and ophthalmic) the fee payable to the medical practitioner should not be less than the fee payable by the Ministry of Pensions for identical or similar services—namely, £2 2s. per session.
3. That the Secretary of the Branch be instructed to forward copies of the two previous resolutions to the secretaries of the honorary staffs of the voluntary hospitals and to the chairmen of the boards of management of the hospitals in the area, asking them to consider the matter with a view to bringing about a condition of uniformity of remuneration in the area in accordance with the resolution of the British Medical Association.

Copies of these resolutions have been sent to the boards of management of the various hospitals in the area.

Metropolitan Asylums Board and its War Bonuses.

In December, 1919, the Medical Women's Federation called the attention of the Association to the fact that the Metropolitan Asylums Board was giving a higher rate of war bonus to its male than to its female assistant medical officers, although they were engaged upon the same class of work. The Federation asked the Association to join it in a protest to the Metropolitan Asylums Board. Accordingly a letter of protest was sent in pointing out that the policy of the Association was that for similar duties the remuneration of both male and female doctors should be equal. Considerable delay was experienced in obtaining a definite decision, but on August 5th, 1920, the Board notified that it had been decided to pay the same bonus to female as to male assistant medical officers, and that the revised rates would date from March 1st, 1920.

Medical Treatment of School Children at Hornsey.

In at least one area the terms recently approved by the Representative Body for the treatment of school children have been accepted and are to be put promptly into operation. The secretary for education at Hornsey is circularizing the local doctors to inform them that the Education Committee proposes that the treatment of children suffering from adenoids and tonsils shall be carried out by local medical practitioners at a fee of £1 11s. 6d. per case, which will include payment to the anaesthetist. As the accommodation at the clinic is limited, arrangements will be made for not more than four cases to be dealt with at any one session. Applications are invited from all local practitioners able and willing to undertake this work. Applications are also invited from the medical practitioners in the borough for the posts of assistant school medical officers for carrying out the medical inspection in the secondary schools of the borough at a fee of £2 2s. per session.

In addition, we are informed that the treatment of "minor ailments" had been previously arranged for on exactly similar lines. The fees for doctors acting as anaesthetists to the school dentist have been revised as follows:

For isolated case, 10s. 6d.
For two or more cases, 7s. 6d. for the first case and 5s. for each subsequent case, the number of cases per session not to exceed 12, and the payment for any one session not to exceed £2 12s. 6d.

This information should serve as a useful precedent for Divisions which are now seeking to make such arrangements with the local education authorities as will ensure that the work is placed in the hands of the local profession, and not in those of whole-time officers.

Colliery Practice in Nottinghamshire.

The offer by the miners' representatives of 20s. per annum to be paid by the head of the family for medical attendance and medicine for the dependants of mine workers has been refused by the representatives of the Association in Nottingham. The colliery surgeons are willing to do this work for 26s. per annum, and now that the miners' representatives have refused these terms an offer has been made by the Notts Division to refer the whole question of remuneration to arbitration. In order to give the miners' representatives time to consider the matter the date of the termination of agreements has been postponed for another month.

Fees for Coroners' Inquests.

At an inquest at the City Coroner's Court on October 1st, Dr. Willis, house-physician at St. Bartholomew's Hospital, protested against being refused the usual fee given to all medical men except those attached to hospitals and other institutions. He said, quite correctly, that if the man upon whom the inquest was held had died before entering the hospital, the doctor would have been entitled to a fee of £1 1s. for making a *post-mortem* examination, and £1 1s. for giving evidence. The Coroner, Dr. Waldo, said that in his opinion the law as it stood was iniquitous and most unfair to hospital doctors, and the jury added a rider to their verdict requesting the Coroner to write to the Minister of Health and the Home Secretary to get the law changed. This is one of the points on which the Association has been making protests for years, hitherto without avail. A reform can only be brought about by legislation, for which the Government, so far, has never yet found time. Its willingness to do so will be stimulated if all hospital residents will follow the example of Dr. Willis whenever the opportunity arises.

Association Notices.

VACANCIES ON COUNCIL.

EAST YORKS AND NORTH LINCOLN AND MIDLAND BRANCHES.

NOTICE is hereby given that a vacancy has been created on the Council by the resignation of Dr. G. K. Smiley, O.B.E. Nominations either (*a*) by a Division comprised in the above Group, or (*b*) by not less than three members of any such Branch, must reach the Medical Secretary not later than Saturday, October 23rd. Forms of nomination will be forwarded upon application.

In the event of a contest voting papers will be circulated from the Central Office to every member of the Branches concerned on October 27th, and must be returned to the Medical Secretary not later than Monday, November 1st, 1920.

NORTH OF ENGLAND AND NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCHES.

Notice is hereby given that a vacancy has been created on the Council by Dr. R. A. Bolam, O.B.E., becoming an *ex officio* member on his election as Chairman. Nominations either (*a*) by a Division comprised in the above Group, or (*b*) by not less than three members of any Branch therein, must reach the Medical Secretary not later than Saturday, October 23rd. Forms of nomination will be forwarded on application.

In the event of a contest voting papers will be circulated from the Central Office to every member of the Branches concerned on October 27th, and must be returned to the Medical Secretary not later than Monday, November 1st, 1920.

ELECTION OF MEMBERS OF COUNCIL, 1921-22, BY BRANCHES OUTSIDE THE UNITED KINGDOM.

NOTICE is hereby given that, in accordance with By-law 49, nominations of Candidates for election as Members of Council by the grouped Branches outside the United Kingdom (please see below) for a period not exceeding three years, as prescribed by By-law 52 (2), must be forwarded in writing so as to reach the Medical Secretary on or before February 12th, 1921.

Nominations must be signed by not less than three Members of any Branch in the group, and must be in the form prescribed below or in one to the like effect.

The elections, where contests occur, will be by voting papers, containing the names of all duly nominated Candidates, issued from the Head Office, 429, Strand, London, W.C.2, to each member of each Branch in the group.

NOMINATION FORM.

By not less than Three Members of the Grouped Branches.

We, the undersigned, hereby nominate .....
of.....[*Full name and address to be given*]
for election by the [*Please state the names of the Branches in the group*] Branches as a Member of the Council of the Association.

Signatures and addresses of Nominators .....
Branch(es) .....

Date..... 19.....

The nominations should be forwarded so as to reach the Medical Secretary, 429, Strand, London, W.C.2, not later than February 12th, 1921. In or about the second week in June, 1921, a notice of the result of the elections will be published in the JOURNAL.

In the case of the New Zealand Branch no nomination is required, the Representative for that Branch having been appointed for 1919-22.

GROUPING (ABOVE REFERRED TO) OF BRANCHES NOT IN THE UNITED KINGDOM FOR REPRESENTATION ON THE COUNCIL OF THE ASSOCIATION, 1921-22.

	Members of Council.
South Australian, Tasmanian, Victorian, Western Australian	1
New South Wales, Queensland	1
New Zealand	1
Barbados, Bermuda, British Guiana, Grenada, Halifax (Nova Scotia), Jamaica, Leeward Islands, Montreal, St. John (New Brunswick), Saskatchewan, Toronto, Trinidad and Tobago	1
Assam, Baluchistan, Bombay, Burma, Ceylon, Hyderabad and Central Provinces, Punjab, South Indian and Madras	1
Hong Kong and China, Malaya	1
Border (South Africa), Cape of Good Hope (Eastern), Cape of Good Hope (Western), East Africa, Egyptian, Gibraltar, Griqualand West, Malta, Natal Coastal, Natal Inland, Nyasaland, Orange Free State and Basutoland, Pretoria, Rhodesia, Uganda, Witwatersrand	1

BRANCH AND DIVISION MEETINGS TO BE HELD.

DORSET AND WEST HANTS BRANCH.—The autumn meeting will be held at the Hotel Metropole, Bournemouth, on Wednesday, October 13th. 1.30 p.m., the practitioners in the Bournemouth district invite members to luncheon at the Hotel Metropole. Dr. Norman Flower (Vice-President) will read a paper on "Some abdominal problems." Dr. P. A. Ross kindly invites members to tea after the meeting.

YORKSHIRE BRANCH: SHEFFIELD DIVISION. — A British Medical Association lecture will be given to this Division by Mr. W. Sampson Handley, M.S., on Friday, October 29th, at the Church House, St. James Street, Sheffield, at 8.45 p.m., on "The lines of advance in the surgery of the breast."

Meetings of Branches and Divisions.

BORDER COUNTIES BRANCH.

THE autumn meeting of the Branch was held at the Dumfries and Galloway Royal Infirmary on September 24th. Dr. LIVINGSTONE, President, was in the chair. It had been resolved by the Branch Council, which had met earlier in the day, that it was highly desirable that at the meetings of the Branch and Divisions clinical and pathological work should take a prominent part, and the Secretary was instructed to forward the recommendation to the Divisions.

Dr. GLOVER gave short notes on cases of (1) rupture of the liver; (2) urinary fistula in loin, in which removal of the right kidney gave a satisfactory cure; (3) active inflamed Meckel's diverticulum.

The PRESIDENT then vacated the chair, which was taken by Sir James Crichton-Browne, and read a short paper on head injuries, illustrated by a case of extensive scalping due to the hair being caught in machinery, and also various specimens of bone removed from the skull after fracture. A discussion followed, in which Sir JAMES CRICHTON-BROWNE gave interesting reminiscences of being present at the first operation for trephining after the introduction of cerebral localization by Dr. Ferrier.

Dr. LIVINGSTONE also exhibited the method of irrigation of wounds which was adopted by him in Egypt.

The X-ray and Orthopaedic Departments were then visited, and Dr. ROBSON gave an interesting account of the work done there among pensioners. Dr. LIVINGSTONE and Mr. NORMAN MACLAREN showed pathological specimens. By the kind invitation of the President, tea was afterwards served by the nursing staff of the hospital.

SUSSEX BRANCH: CHICHESTER AND WORTHING DIVISION.

THE annual meeting of the Chichester and Worthing Division was held at Warne's Hotel, Worthing, on September 14th, when Dr. W. A. GOSTLING was in the chair.

A letter was read from Earl Winterton respecting the motor tax as affecting medical men.

Dr. D. EWART was unanimously elected chairman of the Division for 1920-21, and thereupon took the chair, and Dr. W. A. Gostling was elected vice-chairman. Dr. Milbank-Smith was unanimously elected Honorary Secretary for 1920-21.

The arrangements for the Branch reception in 1921 were discussed, and left in the hands of Drs. Hinds and Daldy.

On consideration of the autumn programme it was decided that there should be at least one scientific meeting as part of the programme, the choice of a lecturer being left to the Chairman of the Executive Committee. It was also resolved that this meeting be held in conjunction with the Brighton Division. The subject of a social evening was referred to the Executive Committee.

It was decided to ask the British Medical Association to send a political lecturer, and that every doctor practising in the Division be invited to attend the lecture.

INSURANCE.

CAPITAL VALUE OF PRACTICES.

The Brighton Scheme.

The scheme to which Dr. Fothergill refers in his letter on this page will come before the Panel Conference on October 21st, for which purpose it has been circulated as Document M 9. It is intended to protect the interest of an insurance practitioner in his insurance practice in the event of the sale or disposal of his practice, or on his death. The main provisions are as follows:

1. In the event of the sale or disposal of his practice by, or on the death of, a practitioner to whom the provisions of this scheme apply, the remaining practitioners to whom this scheme applies agree that the fees which but for the operation of this scheme would be credited to them by the Insurance Committee in respect of such insured persons as were included in the list of such outgoing or deceased practitioner, and who, after such sale, disposal, or death are duly added to their lists, shall for a period of four clear quarters commencing on January 1st, April 1st, July 1st, or October 1st next after such sale, disposal, or death, as aforesaid, be credited by the Insurance Committee to the account of such outgoing or deceased practitioner, or to such persons as may be entitled to receive same by virtue of the provisions of any partnership agreement to which the outgoing or deceased practitioner was a party at the time of the disposal of his insurance practice, or at his death.
2. Each practitioner to whom this scheme shall apply will agree that on the sale or disposal of his practice, or on his death, 5 per cent. shall be deducted from the amount standing to his credit with the Insurance Committee under the provisions of this scheme to defray the cost of the discharge of the functions of the Insurance Committee in connexion with the terms of this scheme.
3. This scheme shall be administered by the Transfer of Insurance Practice Committee for the time being in office, and each practitioner who has received the assent of that committee to his participation in the scheme shall thereupon enter into a binding agreement with that committee and shall pay a fee of —— towards the expenses of the scheme, and the preparation and execution of the agreement.
4. Each practitioner desiring to become subject to this scheme shall give notice in writing of such desire to the Transfer of Insurance Practice Committee, whose decision as to the admittance or non-admittance of an applicant shall be final. In the event of the committee deciding that an applicant be not admitted, the committee shall be under no obligation to disclose the reason for its decision.
5. This scheme shall come into operation on January 1st, 1921, and any practitioner who, being on the panel for the county borough of Brighton on October 1st, 1920, shall fail to apply for permission to join this scheme prior to December 1st, 1920, or the estate of any practitioner, shall receive no advantage or benefit from the scheme until after the expiration of six months from his admission.
6. Any practitioner who shall join the panel for the county borough of Brighton on or after January 1st, 1921, and shall fail to apply for permission to join this scheme within a month of his joining the panel, or the estate of any such practitioner, shall receive no advantage or benefit from the scheme until after six months from his admission to the scheme.

CORRESPONDENCE.

Capital Value of Insurance Practices.

SIR,—The desire of insurance practitioners to preserve the capital value of their insurance practice has resulted in at least two schemes being prepared in order to carry this into effect. As chairman of the Brighton Panel Committee, which is responsible for one of these, I am particularly interested in the alternative scheme known as "the Dartford scheme," and consequently would like to have for general benefit explanations of certain points. I hope, Sir, that you will be able to publish the Brighton scheme, and thus allow all insurance practitioners to contrast the two; the latter scheme, in its administration, needing, I am informed, very few additional duties on behalf of the staff of the Insurance Committee beyond those now required on the decease or ceasing to practise of any insurance practitioner; which duties, subject to the approval of the Ministry of Health, the Insurance Committee has agreed to carry out.

Some of the points in the "Dartford" scheme which would seem to require explanation are these:

1. According to scheme, every insurance practitioner in a district would contribute proportionately every quarter toward a pool in order to purchase in the future the practice of a deceased or retiring practitioner. What guarantee is there that a practice so purchased will be distributed proportionately to such contributions, if "free choice of doctor" is maintained? Is such a bought-out practitioner debarred from selling his insurance practice at the time, and, if so, why? What happens if the successor to the private practice decides to undertake insurance practice? What security is there that the pool when required will contain sufficient funds to purchase the practice? Is it really intended to "purchase" the practice, or is it intended to make a present of money?

2. A practitioner who has practised in the district less than twelve years is not to receive a year's purchase for his insurance practice because if he did "he would be induced to leave the district to practise elsewhere"! Why this desire to protect "elsewhere"? He may have bought a long-established practice and needs to leave under twelve years subsequently. He leaves at a financial loss. Why?

3. Does not the whole scheme, when looked into, read as if a group of practitioners wished to form "a ring" in their district in insurance practice and to deprive the insured of any free choice of doctor outside of same as well as to prevent a young doctor starting in practice in an industrial area?

The Brighton scheme requires no pool; the payment to a retiring practitioner is made by each remaining insurance practitioner in exact proportion to the number of insured patients that choose him and for twelve months, the patients going to any practitioner preferred (the successor or an old or newly established doctor).—I am, etc.,

Hove, Oct. 2nd. E. ROWLAND FOTHERGILL.

The National Insurance Scheme.

SIR,—The article on the American View of the National Insurance Scheme, which appeared in the JOURNAL of September 18th, p. 444, was most interesting reading, and it is a pity that more publicity is not given in this country to Dr. Hoffman's report.

That the Insurance Acts are, under the present arrangement, unworkable and unnecessary is an indisputable fact. If a plebiscite were taken in this country, I venture to suggest that the existing scheme would be voted distasteful by the large majority of practitioners and insured persons. Possibly at the time of the passing of the Acts a degree of necessity for some such scheme may have existed in some minds, but that necessity has ceased to exist. The salaries in the class which was supposed to benefit by the insurance scheme have been enormously augmented, in some cases out of all proportion even to the present high cost of living. Many of the working class pay income tax. The working man of to-day is well able to pay for his doctor's services, and many would prefer to do so. It has been said that the national insurance scheme has proved of value in minimizing bad debts; but bad debts can at any time be eliminated by the insistence of cash payments in the case of known defaulters.

Recently there was much heated controversy in a large manufacturing town in Scotland concerning the limitation of individual panel lists, the local authorities contending that a doctor could not possibly do justice to 2,500 panel patients over and above his private practice and appointments, which fact was emphatically denied by medical men coming under that category. Without in any way entering into the argument, one feels that the doctors were much to be sympathized with, for the present iniquitous system only provides a profit on the work that is *not* done.

One hears and reads much of the decline of the "dignity" of the profession. Is it to be wondered at when the existing system allows that the less one does the bigger the profit, and vice versa? Take the unenviable position of the average country practitioner whose practice is mostly private and whose panel averages 500 or under. If he does his own dispensing, he receives as remuneration 1s. a patient per annum, out of which he has to supply all drugs and appliances. It is needless to comment on the fact that the doctor with a small panel attends the majority, if not all, of his insured patients at some time during the year —some, in fact, he is rarely away from. With the present enormous increase in the cost of drugs and medical and surgical appliances, such a state of affairs is a crying scandal.

In his letter in the SUPPLEMENT to the same issue of the JOURNAL, Dr. E. H. Worth suggests the appointment of a Royal Commission to decide some new schemes. To my mind, the only satisfactory solution in the present state of chaos is the wholesale repeal of the Acts.—I am, etc.,

R. DOUGLAS HOWAT, L.R.C.P., L.R.C.S.Ed.

Denholm, near Hawick, Sept. 22nd.

The Salford System.

SIR,—Dr. Hodgson states that the Ministry of Health expressed a determination to destroy vested interests in insured persons. May I inquire when and where this expression took place? A new Regulation was introduced to destroy certain patent abuses created by the Insurance Act, but a panel practice still will remain more readily transferable under it than under the Salford system. Moreover, if the profession had had the prudence to contest this regulation on the grounds of its injury to insured persons, as was done by Mr. Anderson in an admirable letter to which I drew attention at the time,[1] I believe that any abuses could have been removed without damage to us at all. The results of the first twelve months of National Insurance under the Salford system in Manchester were, as I have shown[2]:

[1] BRITISH MEDICAL JOURNAL SUPPLEMENT, December 20th, 1919.
[2] Ibid., February 21st, 1920.

1. Excess of attendances in the proportion of 6.12 to 3.24 in other towns and 1.8 in private practice, consequently about half the pay per attendance and much discontent among the doctors.

2. Demoralization of the insured population, sufficient to reduce their case value from 90.76 to 56.53, such reduction limited to Salford and Manchester, and indicating nearly double the number of sick to attend without increase in total pay, and serious loss to the community as a whole.

3. A heavy overdraft on the drug fund, to be made good by the doctors, after quarrels with the chemists.

4. A service admittedly bad and roundly condemned by Dr. Hoffman.

Finally, a system which necessarily discourages preventive medicine, which must foster the fussy incompetent doctor at the expense of his more busy and capable neighbour, and which renders malingering and invalidism not only easier for the insured, but profitable to his medical attendant, is not likely to commend itself either to the student of public health, or to the educated layman. So long as doctors and insured persons remain human, such a system must tend to produce, in greater or less degree, precisely such results as I have shown to have actually occurred in Manchester. I do not anticipate its extension beyond its present home.—I am, etc.,

Chichester, Oct. 2nd. G. C. Garratt.

Medical Fees for Miners' Families.

Sir,—Some thirty years ago, while holding the post of surgeon to the Duxbury Park Collieries, Lancashire, I was paid 20s. per annum by each miner for attendance upon himself, his wife and family. The present value of the sovereign is about 7s. 6d. as compared with pre-war rates, therefore the medical men in Nottingham and Derbyshire are asking much too little for similar service.—I am, etc.,

Kencott, Glos., Sept. 29th. F. W. Pilkington.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

The following notifications are announced by the Admiralty: Surgeon Commanders R. L. Jones to the *Philomel*, and as Staff Medical Officer to New Zealand Squadron; R. M. Richards to the *Courageous* additional for 2nd Reserve Group, J. O'Hea to the *President* additional for Medical Department as assistant to M.D.G.; H. P. Turnbull to the *Barham* as Squadron Medical Officer on recommissioning. Surgeon Lieutenant Commanders T. C. Patterson to the *Chatham*, R. K. Shaw and F. V. Hunot to the *Barham* on recommissioning. Surgeon-Lieutenants: A. McCallum to the *Sandhurst*, R. P. Ninnis to the *Tamar* additional for duties on China station, A. G. Taylor to the *Queen Elizabeth*. Surgeon Lieutenant (temporary) W. M. Anthony to the *Erin*.

Surgeon Lieutenant Commander A. A. Sanders, O.B.E., has been promoted to the rank of Surgeon Commander.

ARMY MEDICAL SERVICE.

Colonel F. Kiddle, C.M.G., is placed on half pay.

Royal Army Medical Corps.

Lieut.-Colonel R. A. Cunningham retires on retired pay.

The following relinquish the acting rank of Lieutenant-Colonel:—Majors: L. A. A. Andrews, T. J. Wright, D.S.O., E. B. Lathbury, O.B.E., E. E. Parkes. Captain and Brevet Major M. J. Williamson, M.C.

To be acting Lieutenant-Colonels: Temporary Major J. Turton, V.D. (Colonel T.F.Res., A.M.S.), from April 22nd to May 6th, 1920. Captain W. E. Adam, M.C., from June 12th to September 17th, 1919.

The following relinquish the acting rank of Major: Captain and Brevet Major S. W. Kyle (August 3rd, 1919, substituted for notification in the *London Gazette*, December 4th, 1919). Captain A. W. Dennis. Temporary Captains: H. B. Wilson, O.B.E., H. L. Tidy, G. Marshall, V. Vesselovsky, C. B. Tudehope.

To be acting Majors:—Captains: (Brevet Major) A. G. J. MacIlwaine, C.I.E., H. R. L'Estrange, O.B.E.

Temporary Captain R. Johnson, M.B.E., to be Captain, July 10th, 1919, but not to reckon for pay or allowances prior to September 1st, 1920, with precedence next below W. Millerick.

The notification in the *London Gazette* of February 12th, 1920, regarding Captain W. E. Adam, M.C., is cancelled.

Captain W. Tyrrell, D.S.O., M.C., resigns his commission on appointment to the R.A.F.

Temporary Captains J. H. Fenn and R. D. Nasmyth relinquish their commissions, and retain the rank of Captain.

OVERSEAS CONTINGENTS.

South African Medical Corps.

Captain E. W. Ingle to be Major (September 9th, 1918).

The following officers relinquish their commissions: On account of ill-health, Major E. W. Ingle (March 14th, 1919), and retains the rank of Major. Captains and retain the rank of Captain: P. St J. Wilkinson, November 5th, 1917; A. A. H. Lawrence, October 11th, 1917; A. Jassinowsky, January 21st, 1918; E. B. Woolf, February 9th, 1919 (substituted for notifications in the *London Gazette* of May 14th, 1920). On ceasing to be employed with the Union Imperial Service Contingents: Lieut.-Colonel H. A. Moffat, D.S.O., May 6th, 1917, and retains the rank of Lieutenant-Colonel. Captains and retain the rank of Captain: R. Stevenson, October 31st, 1918; J. Harpur, November 1st, 1918; W. H. Hunter, November 15th, 1918; D. McCully, December 21st, 1918; A. J. McClymont, December 23rd, 1918; L. G. Irvine, February 5th, 1919; M. Schwartz, March 5th, 1919; W. M. Tough, April 17th, 1919 (substituted for notifications in the *London Gazette* of May 25th, 1920).

British Medical Association.

OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.

Reference and Lending Library.

The Reading Room, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

Lending Library: Members are entitled to borrow books, including current medical works; they will be forwarded, if desired, on application to the Librarian, accompanied by 6d. for each volume for postage and packing.

Departments.

Subscriptions and Advertisements (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).
Medical Secretary (Telegrams: Medisecra, Westrand, London).
Editor, *British Medical Journal* (Telegrams: Aitiology, Westrand, London).
Telephone number for all Departments: Gerrard 2630 (*3 lines*).

Scottish Medical Secretary: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)
Irish Medical Secretary: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

October.

12 Tues. London: Scrutiny Subcommittee, 2 p.m.
13 Wed. Dorset and West Hants Branch, Hotel Metropole, Bournemouth, 3 p.m. Luncheon, 1.30 p.m.
14 Thur. London: Contract Practice Subcommittee, 2.30 p.m.
15 Fri. London: Central Ethical Committee, 2 p.m.
London: Ministry of Pensions Subcommittee, 2.30 p.m.
20 Wed. London: Insurance Acts Committee, 8.30 p.m.
21 Thur. London: Conference of Representatives of Local Medical and Panel Committees, 10 a.m., Memorial Hall, Farringdon Street.
29 Fri. Sheffield Division: British Medical Association lecture by Mr. W. Sampson Handley, M.S., at the Church House, St. James Street, Sheffield, on The Lines of Advance in the Surgery of the Breast, 8.45 p.m.

DIARY OF SOCIETIES AND LECTURES.

Medical Society of London, 11, Chandos Street, W.1.—Monday, 8 p.m., Annual General Meeting; 8.30 p.m., Ordinary Meeting. Presidential Address by Sir William Hale-White, K.B.E., on Then and Now.

Royal Society of Medicine.—*War Section:* Monday, 5.30 p.m., Wing Commander Martin Flack, R.A.F.: Medical Requirements for Air Navigation. *Section of Neurology:* Thursday, 8.30 p.m., Presidential Address by Dr. Ernest S. Reynolds; Causes of Nervous Diseases. *Section of Electro-Therapeutics:* Friday, 8.30 p.m.: Presidential Address by Mr. S. Gilbert Scott. Exhibition of skiagrams of renal and hepatic calculus.

POST-GRADUATE COURSES AND LECTURES.

Manchester Royal Infirmary.—Tuesday, 4.30 p.m., Mr. A. H. Burgess: Diagnosis of Acute Abdominal Crises (continued).

National Hospital for Diseases of the Heart, Westmoreland Street, W.1.—Monday, 5.30 p.m., Dr. Russell Wells: Aortic Regurgitation.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Daily (except Wed. and Sat.), 2-3.30 p.m., Out-patient Clinic. Mon., 3.30 p.m., Dr. K. Wilson: Focal Lesions of the Cerebrum. Tues., 3.30 p.m., Mr. Armour: Spinal Tumours. Wed., 2 p.m., Dr. Hinds Howell: The Afferent Path; 3.15 p.m., Mr. Scott: Nasal Disease and Disturbances of the Nervous System. Thurs., 3.30 p.m.: Dr. Saunders: Examination of Nervous System. Fri., 3.30 p.m., Dr. Tooth: Ward Cases. Sat., 9 a.m., Surgical Operations.

Salford Royal Hospital.—Thursday, 4.30 p.m., Dr. Heywood: Pleural Effusion.

West London Post-Graduate College, Hammersmith, W.—Daily, 10 a.m., Ward Visits; 2 p.m., In- and Out-patient Clinics and Operations. Monday, 5 p.m., Inaugural Address by Sir William Bull, P.C., M.P.: Relation of the State to the Hospitals. Tuesday, 5 p.m., Mr. Tyrrell Gray: Peritonitis. Wednesday, 5 p.m., Dr. Simson: Tuberculous Salpingitis. Thursday, 5 p.m., Dr. W. Langdon Brown: Internal Secretion. Friday, 5 p.m., Mr. Baldwin: Tuberculous Diseases of Intestines.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **7s. 6d.**, *which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue.*

BIRTHS.

Hancock.—On September 29th, at 40, St. Giles Street, Norwich, the wife of T. W. Hancock, O.B.E., F.R.C.S.—a son.

Johnson.—On October 2nd, at 134, Walmersley Road, Bury, to Dr. and Mrs. A. M. Johnson—a son.

DEATHS.

Collier.—On September 22nd, at Bangor, co. Down, R. J. Collier, M.R.C.S., L.R.C.P. (late of Manor Park, Essex), aged 60.

Roberts.—On September 27th, at his residence, Ravenswood, Broughton Park, Manchester, David Lloyd Roberts, M.D., F.R.C.P., F.R.S. Interred at St. Paul's Church, Kersal, Manchester, on the 1st October, 1920.

Vérel.—At Aberdeen, on October 29th (from septicaemia), Raymond Vérel, O.B.E., M.B., F.R.C.S.Edin., aged 34, Captain R.A.M.C. (T.F.), late of Scottish Horse Brigade Field Ambulance, E.E.F., and of Citadel and Nazerieh Hospitals, Cairo.

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